

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed B ( Mark X)	y Candida	te	Committee		X	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO I	ELECT JIM WINA	RSKI (CITY COUNC	L)				
Street Address	1140 E 31ST ST			··				
City	<u> </u>	State	PA	Zip Code	16504			
Type of Report (Place x under report type)								
1- 6 <sup>th</sup> Tuesday   2- 2 <sup>nd</sup> Friday   3-30 Day Post Pre-Primary   Primary   Primary	4-6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Pre-Election		Special 30 I Post-Election	
		X						
Date Of Election (MM/DD/YYYY) 11/7/2017	Year	2017	Amendment Report		Termination Report	on		
Summary of Receipts and From Date	To Date			For	Office Use O	nly		
<b>Expenditures</b> 6/06/2017	10,	/23/2017				lan la		
A. Amount Brought Forward From Last Repor	t \$	2006.28					·	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ \$	0				Š		
C. Total Funds Available (Sum of Lines A and B)	\$ .	2006.28				꼀	2 C	
D. Total Expenditures (From Schedule III)	\$ 1	1040.00			×	89 REG	27	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	966.28				<i>€</i> 30		
F. Value of In-Kind Contributions Received (From Schedule II)	\$						-< ⊖:	
G. Unpaid Debts and Obligations (From Schedule IV)	<b>\$</b>					<u></u>	Ċ٦	
		Affidavit Se						
Part 1- If this is a <b>Committee</b> report, treasurer sign is swear (or affirm) that this report, including the atta	ere. If this is a Can sched schedules or	didate report, con paper, is to the	andidate sign here best of my knowle	edge and belief t	rue, correct ar	nd comple	te.	
Sworn to and subscribed before me this	• •		There	- W	unu	ODMMON	WEALTH OF PE	INSYLVANIA
2 1 day of 0 CTUBLIC 20 11	_	_	Signatur	e of Person Subn	nittingereport		NOTARIAL SEA	
Signature	- [	_	4 1 1 1 1 2 2 2	Printed Nam	ie	^1TY (	Notary Public F ERIE, ERIE	
My Commission expires $2 - 2 - 19$	_	_	14		-7428		<u>- Lipo Expires</u>	
MO. DÁY YR	•	•	Area Code	Da	ytime Telepho	one Numb	er	
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge	Committee, cand	idate shall sign h	ere.	ny provisions of	the Art of Jun	e 3. 1937	(P.L. 1333, NO.	320) as
I swear (or affirm) that to the best of my knowledge amended.	and belief this poi	ilicai committee	Tias flot violated a	ny providens a		,	,	
Sworn to and subscribed before me this			7	11	./		1	
27/2 1) 27 AFY 2/11	٠,	(_	lames	レセン	Vina	us	Me	
Allued With	[m].	7	TAMES	gnature of Cand	//N/A	٨	<u> </u>	
Signature/	, I	8	14	Printed Name 806-7	228	CUMM	ONWEALTH OF NOTARIAL S	EAL
My Commission expires 0 0 19 YR.	_		Area Code		time Telephor		<del>- La</del> urie a Wa <sup>F</sup> - Notary Pul 7 Of Erie, eri	TSON

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)		
	n = 1		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (:	1)	5 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	270 473	
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period (2	2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period (3	3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period {4	1)	\$ 0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		0

#### PART A

# **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number

	соммітт	EE TO ELECT JIM W	/INARSKI (CITY COUNCIL)		
					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address		<del>17</del>	Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing		•	Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing	<u> </u>	-	Date [MM/DD/YYYY]	1:\$
House #	Street Address	,		Date [MM/DD/YYYY]	\$
City	<u>                                     </u>	State	Zip Code	Date [MM/DD/YYYY]	<b>.\$</b> .
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<b>S</b>
City		State	Zip Code	Date [MM/DD/YYYY]	\$

# PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	LECT JIM WINARSKI (CITY COUNCIL)	·	-	. <u>-</u>
A STATE OF THE STA				

Full Name of Contributor			Date [MM/DD/YYYY]	<b>\$</b>
House # Street Address			Date [MM/DD/YYYY]	\$
Citý	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributor			Date [MM/DD/YYYY]	<b>4</b>
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor.			Date [MM/DD/YYYY]	\$
House # Street Address		,	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address	,, .		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$5.
Full Name of Contributor			Date [MM/DD/YYYY]	<b>\$</b>
House# Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	10 - 5 - 5 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$

#### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer identification Number: COMM	ITTEE TO ELECT JIM WINA	RSKI (CITY COUNCIL)		
•	•			
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Add	ress		Date [MM/DD/YYYY] \$	
CO	State	Zip Code	Date [MM/DD/YYYY] \$	
City	Jease			
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Add			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Add	lress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/XYYY] \$	
Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Add	ress			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Add	ress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	325 0 Sun euroleur 24	Transport and Control of the Control of	Date [MM/DD/YYYY] \$	
House # Street Add	iress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

City

# PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number: COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)		

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Street Address			TO THE STATE OF TH
City -	State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name	Fastancoulder and	Company of the compan	Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	_		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] /\$
Employer Name			Occupation
Employer Mailing Address /		_	
Principal Place of Business			
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] \$
			Date [MM/DD/YYYY] \$
Full Name of Contributor	State	Zip Code	· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor  House # Street Address	State	Zip Çode	Date [MM/DD/YYYY] \$
Full Name of Contributor  House # Street Address  City  Employer Name  Employer Mailing Address //		Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
Full Name of Contributor  House # Street Address  City  Employer Name		Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
Full Name of Contributor  House # Street Address  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address			Date [MM/DD/YYYY] \$  Occupation  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
Full Name of Contributor  House # Street Address  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address		Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
Full Name of Contributor  House # Street Address  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address	State	Zip Code.	Date [MM/DD/YYYY] \$  Occupation  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$

#### **PART E**

# **Other Receipts**

# REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer identification Numb	committee to elect Jin	M WINARSKI (CITY COU	NCIL)	
	Contract			
Full Name				
House #	Street Address			10 20 20 20 20 20 20 20 20 20 20 20 20 20
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name		<u> </u>	<u></u>	
House #	Street Address		<u> </u>	
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			102-000
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name			·	
House #	Street Address			
City	20 GET WOOLESS	State	Zip	Date [MM/DD/YYYY] \$
			Code	3 3
Receipt Description		# 660 1 5 2020 A 1 2 2 4 1		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name  House #	Street Address		<del> </del>	
City	Street Address	State	Zip	Date [MM/DD/YYYY] \$
uly particle is all to			Code	
Receipt Description				

#### SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number; COMMITTE	EE TO ELECT JIM WINARSKI	CITY COUNCIL)	
1. UNITEMIZED IN-KIND CONTRIB	UTIONS RECEIVED-VALU	OF \$50,00 OR LESS PER CO	ntributór
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RECE	NED VAIHE DE CEARLE	O \$250 OO /SPOM PARTEL	
2. IN-KIND CONTRIBUTIONS RECE		G 7230.00 (FROW FARTE)	38 March 1977
TOTAL for the reporting period	(2)	\$	
3. In-kind contribution receiv	/ED-VALUE OVER \$250.0	) (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION	NS DURING THIS REPORT	NG S	
PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)			

# SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)	Filer Identification Number:	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)					
--	------------------------------	--	--	--	--	--	--

Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stre	eet Address		Date [MM/DD/YYYY]	\$
				A/S
City	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution	in .	Tathiannana ang ari sa t		100-00-01
Full Name of Contributor	and the state of t	·	Date [MM/DD/YYYY]	\$
House # Stre	et Address		Date [MM/DD/YYYY]	\$
City.	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	<u> </u>			
				NO. OF THE PARTY O
Full Name of Contributor			Date [MM/DD/YYYY]	<b>\$\$</b>
			20 22 to the Month of Standard	<u> </u>
House # Stre	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
				\$ 4. 8
Description of Contribution	in			
Full Name of Contributor			Date [MM/DD/YYYY]	\$\$
House # Stre	eet Address		Date [MM/DD/YYYY]	\$
		100_0000000000000000000000000000000000		
City	State	Zip Code	Date [MM/DD/YYYY)	\$.
Description of Contribution	on see that	H		PES 1: 500 I
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stre	eet Address		Date [MM/DD/YYYY]	\$
City.	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	on The state of th			

#### SCHEDULE II

#### Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)	
Control of Control Magazine Swaffers of the control of Control of the control of		

Full Name of Contributor	·-	Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Transfer and Trans	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
FOR MAINE OF CONTROL OF		
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of
		Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code:	Date [MM/DD/YYYY] \$
Employer Name	(Adversar 1947) 1 19/2/2006/2008/2009/2009	Occupation
Employer Mailing Address / Principal. Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] /\$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

# Statement of Expenditures

・ 「 「		
- Filer identification Number:	MMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)	
	NANAITTEE TO ELECT HAA WAARARSKI JOITY COLINICILL	
The contract of the contract o	MIMILIEF IO FFFCI MM MANAVINI (CIT I COOLACIE)	
<ul> <li>Device Note that the second of the second of</li></ul>		

To Whom Pald HOLY TRINITIY -ZABAWA			Date [MM/DD/YYYY]	\$	
			07/25/2017	200.00	
House # 2220	Se # 2220 Street Address REED ST		Description of Expenditu	re	
City ERIE State PA Zip Code 16503			ADVERTISNG		
To Whom Paid				Date [MM/DD/YYYY]	\$ 150.00
	CTE JOE SCHEMBER			7/28/2017	150.00
House #	Street Address P	O BOX 927		Description of Expenditur	e.
<b>City</b> ERIE		State PA	Zip Code 16512		
To Whom Paid	CHICEDOS NA ZZIMI C	W. 15 ACCOC		Date [MM/DD/YYYY]	\$ 140.00
	GIUSEPPE MAZZINI C	IVIC ASSUC		9/15/2017	40
House # 601	Street Address PI	IN OAK DR		Description of Expenditur	e s
<b>City</b> ERIE		State PA	Zip Code 16504		
To Whom Paid	<u></u>		<u> </u>	Date [MM/DD/YYYY]	\$
	DESANTIS SIGNS			9/27/1965	400.00
House# 540	Street Address	√ 18TH ST		Description of Expenditur	e
City ERIE	Tarabaga - Marana and	State PA	Zip Code 16502	SIGNS	
To Whom Paid				Date [MM/DD/YYYY]	150.00
Control of the Contro	CTE JOE SCHEMBER			10/15/2017	150.00
House #	Street Address	O BOX 927		Description of Expenditur	e il est
House#	Street Address	O BOX 927	Zip Code 16512	Description of Expenditur	e standard s
City	Street Address	State			<b>e</b>
City ERIE To Whom Paid	P	State		Date [MM/DD/YYYY]	<b>\$</b>
<b>City</b> ERIE	Street Address	State			<b>\$</b>
City ERIE To Whom Paid	P	State		Date [MM/DD/YYYY]	<b>\$</b>
City ERIE To Whom Paid House #	Street Address	State PA	Code 16512	Date [MM/DD/YYYY]	<b>\$</b>
City ERIE  To Whom Paid  House #  City  To Whom Paid	Street Address	State PA	Code 16512	Date [MM/DD/YYYY]  Description of Expenditure	e
City ERIE To Whom Paid House #	Street Address	State PA	Code 16512	Date [MM/DD/YYYY]  Description of Expenditur  Date [MM/DD/YYYY]	e
City ERIE  To Whom Paid  House #  City  To Whom Paid	Street Address  Street Address	State PA	Code 16512	Date [MM/DD/YYYY]  Description of Expenditur  Date [MM/DD/YYYY]  Description of Expenditur	\$    e
City ERIE To Whom Paid  House #  City To Whom Paid  House #	Street Address  Street Address	State PA	Code 16512  Zip Code	Date [MM/DD/YYYY]  Description of Expenditur  Date [MM/DD/YYYY]  Description of Expenditur	\$    e
City ERIE  To Whom Paid  House #  City  To Whom Paid  City  To Whom Paid	Street Address  Street Address	State PA	Code 16512  Zip Code	Date [MM/DD/YYYY]  Description of Expenditur  Date [MM/DD/YYYY]  Description of Expenditur  Date [MM/DD/YYYY]	e
City ERIE  To Whom Paid  House #  City  To Whom Paid  House #	Street Address  Street Address  Street Address	State PA	Code 16512  Zip Code	Date [MM/DD/YYYY]  Description of Expenditur  Date [MM/DD/YYYY]  Description of Expenditur	e
City ERIE  To Whom Paid  House #  City  To Whom Paid  City  To Whom Paid	Street Address  Street Address	State PA	Code 16512  Zip Code	Date [MM/DD/YYYY]  Description of Expenditur  Date [MM/DD/YYYY]  Description of Expenditur  Date [MM/DD/YYYY]	e

#### SCHEDULE IV

# **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

			 -
Filer Identification Number:	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)		

Name of Credito	31.		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>*</b>
City		State Zip Code	
Description of D	rebt 7		- tr ≪1
Name of Credito	)( )( )( )( )( )( )( )( )( )( )( )( )( )		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MIM/DD/YYYY]	\$
City		State Zip Code	
Description of D		The state of the s	
Name of Credito	)L		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City		State Zip Code	
Description of D	ebt	La contraction of the contractio	
Name of Credito	r K		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City	Town a visual way of a soul	State Zip Code	
Description of D	lebt.		
Name of Credito	or %		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City		State Zip Code	
Description of D	lebt		
Name of Credito	or .		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City.		State Zip Code	,
Description of D	Debt		